

PART B - FEE(S) TRANSMITTAL

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88195 7590 10/26/2011

NIH-OTT
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/581,228 | 10/26/2006 | John A. Chiorini | 6137NIDCR-7-PUS | 9146 |

TITLE OF INVENTION: BOVINE ADENO-ASSOCIATED VIRAL (BAAV) VECTOR AND USES THEREOF

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|--|--|---------------------|----------------------|------------------|----------------|
| nonprovisional | NO | \$1740 | \$300 | \$0 | \$2040 | 01/26/2012 |
| EXAMINER | ART UNIT | | | | | CLASS-SUBCLASS |
| BURKHART, MICHAEL D | 1633 | | | | | 435-320100 |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | <input checked="" type="checkbox"/> Sheridan Ross P.C. | | | | |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | <input type="checkbox"/> _____ | | | | |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 3. _____ | <input type="checkbox"/> _____ | | | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America, as represented by the
Secretary, Department of Health and Human Services

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Bethesda, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- A check is enclosed.
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Richard J. Stern/

Date January 26, 2012

Typed or printed name Richard J. Stern, Ph.D.

Registration No. 50,668

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